		plication of Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000											00	4
			WALL EN	ITITY	OR	OTHER SMALL E	- 1					
то	TAL CLAIMS		10	5				RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		. 0			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		* 2			X40=	\$0.0	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+135=	<u> po o</u>	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u>[</u>	TOTAL	435.	ויון	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	
<u> </u>	entre en en desamentales ((Column 1)			mn 2) HEST	(Column 3)	F]	<u></u>	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL
NOM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	_,	<u> </u>		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3							ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)	V		IMN 2) HEST	(Column 3)	1) (5			1.		
ENT B		REMAINING AFTER AMENDMENT		NUI PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDWENT	Total	*	Minus	##	·	=		X\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEP			ENDENT CLAIM			▋▐			╢		
	-							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	L
H	(Column 1) (Column 2) (Column 3)						<u>.</u>					
	A STATE OF STATE	CLAIMS	7 . 4		HEST MBER	PRESENT			ADDI-	1		ADDI-
DWENT C		REMAINING AFTER AMENDMENT		PREV	IOUSLY D FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
DEM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
AMENDMENT	Independent	•	Minus	***		=]	X40=		1	Ven	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7.10-	 	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
	If the "Highest No	imber Previously P	aid For" IN THI	S SPACE	E is less tha	an 20, enter "20.	ی ".(TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												